



2006 Spending Account Enrollment Form

Employee Name _____ Employee # _____

Health Care Spending Account

☐ No Health Care Spending Account for 2006

☐ Health Care Spending Account Annual Amount: \$ _____

(Maximum \$3,000 per calendar year, deduction is taken in 24 pay periods per year.)

Dependent Care Assistance Plan

☐ No Dependent Care Assistance Plan for 2006

☐ Dependent Care Assistance Plan Annual Amount: \$ _____

(Maximum \$5,000 per calendar year, deduction is taken in 26 pay periods per year.)

Authorization:

By execution of this enrollment form, I understand that I may not change the election during the year except in the event of a life change. I authorize the City of Scottsdale to make the necessary before-tax payroll deduction(s). I understand all claims submitted are subject to substantiation requirements and I am required to, and agree to, provide documentation as requested. Any unused amounts remaining in my account(s) at the end of the calendar year will be forfeited.

Employee Signature

Date